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## BIB DATA SHEET

CONFIRMATION NO. 3986

<b>SERIAL NUMBER</b> 10/823,061	<b>FILING or 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> 760-183 RCE	
<b>APPLICANTS</b> Dennis Kujawski, Warwick, NY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/25/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /WILLIAM H MATTHEWS/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> HOFFMANN & BARON, LLP 6900 JERICHO TURNPIKE SYOSSET, NY 11791 UNITED STATES					
<b>TITLE</b> Tri-petaled aortic root vascular graft					
<b>FILING FEE RECEIVED</b> 1206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		